

Redmond Parks and Recreation Department Medical Information and Authorization

Please fill out and bring to the first class. Copies of this form are acceptable.

(Please print)			
Program Name	Program Date(s)		
Participant's Name			
Home Phone	Birth Da	ate	Age
Email Address			
Address		City/Zip	
Parent/Guardian		Work Phone	
Address		City/Zip	
Emergency Contact:			
Name	Phone	Relation	aship
Doctor/Hospital		Phone	
Waiver of Liability: Should an emergency to be treated by a hospital, physician, or illness. I/We further agree to assume transportation to and from the activities at harmless City of Redmond Parks and Reauthorized persons transporting myself or nuchild, except injury caused by or resulting agents. I also authorize the use of photoas part of the City of Redmond promotion.	y occur, for which I ca other certified medica all risks and hazard nd do hereby waiver, ecreation Department, ny/our child for any cla from the sole neglige tographs and/or vide tions.	nnot be contacted, I/w I personnel in the eve ls incidental to such release, absolve, inde park supervisors, ins aim arising out of any i ence or concurrent neg otapes of my child/c	re will allow my/our child ent of injury, accident, or participation, including mnify, and agree to hold structors, volunteers, and njury to myself or my/our cligence of the City or its hildren/ward or myself
If you do not want your photos or vid and give this form to the instructor or			u
Signature(s)	Date		